U.S. Department of Labor ⁽
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

5.11	1 / 1 / 2004 Through: [12] / [31] / [2004]
Name and address of person filling.	4. Name, file number, and address of labor organization.
Name ANTHONY SARA	Name TEAMSTERS LOCAL UNION 422
	Labor Organization File Number 010-006
P.O. Box, Bidg., Room No., if any STE 203	P.O. Box, Building and Room Number, if any STE 203
Street 3701 BOSWORTH ROAD	Street 3701 BOSWORTH ROAD
City CLEVELAND	City CLEVELAND
State Ohio ZIP Code + 4 4111	State Ohio ZIP Code + 4 44111
5. Position in labor organization. SECRETARY - TREASURER	
Enter appropriate data below if, during the past fiscal year, you or your s	spouse or minor child directly or indirectly had any of the following interests
(except as specified in the ex	cclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
reado radio, il dily.	Landard Francisco
THE PARTY IT CITY.	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
The content of the co	7.b. Amount,
P.O. Box, Bldg., Room No., if any Street	7.b. Amount,
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	7.b. Amount,
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On 8-9-05 (22/6) 688 1844
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompandersigned's knowledge and belief, true, correct, and complete. (See the	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)

Name of Person Filing ANTHONY SARA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MASTERS & ASSOCIATES Trade Name, if any: P.O. Box, Bldg., Room No., if any STE 1300 Street 1111 SUPERIOR AVENUE City CLEVELAND State Ohio ZIP Code + 4	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. COUNSELORS OF LAW TO TEAMSTERS LOCAL UNION 422. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ENTERTAINMENT TRAVEL, ACCOMODATIONS AND MEALS JULY 1 AND 2, 2004.	
	12.b. Amount. \$98	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	